KEY INFORMATION

·· *Selected Peer Resource Literature*

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This article provides a brief synopsis of key findings and pertinent points found in the literature. The information is organized according to the following four questions: (a) Why are peers important?, (b) Why is a peer resource training program important?, (c) Why are peer-helping programs an effective prevention strategy, and (d) How do peer helpers help? The last questions is divided into the following subheadings for easy access: cross-cultural; smoking; alcohol, tobacco, and other drugs; violence prevention through conflict mediation; mentoring peer athletes; health education; HIV/AIDS education; community and family; tutoring; and peer ministry. The points summarized are intended to provide a profile of the benefits of peer helping and of peers as change agents, the efficacy of peer interventions, and the diverse application of peer helping. This information is not intended to be comprehensive, but to portray how peer helping continues to evolve and mature as a field.

WHY ARE PEERS IMPORTANT?

• 15 million Americans currently attend self help groups (Alliance for Genetic Support Groups Resource Guide, 1990).

• Through reciprocal peer interactions, children learn to share, help, comfort, and empathize with others. Empathy is one of the most critical competencies for cognitive and social development (Attili, 1990).

• Through peer interactions, children learn critical social skills such as impulse control, communication, creative and critical thinking, and relationship or friendship skills (Kellam, Sheppard, Brown, & Fleming, 1982).

• Research has identified 40 factors, which are called *developmental assets*, that are critical for young people's healthy development and well-being. Peer helping is a concrete and proven strategy that focuses on the heart of asset building: relationships.

It equips young people (as well as others) with basic skills to offer caring, support, and guidance (Roehlkepartain, 1996).

• The primary relationship in which development and socialization takes place may be with peers (Johnson & Johnson, 1987).

• Inner-city youth said they would be more likely to listen to and believe what an HIV-infected person their own age said about the disease as opposed to what an older person or a famous person said (Center for Population Options, 1990).

WHY IS A PEER RESOURCE TRAINING PROGRAM IMPORTANT?

• In one cross-age teaching program with non-trained pupils tutoring other pupils, it was found that the tutoring-only program produced no effects. In fact, tutors developed more negative attitudes toward mainstreamed children and were critical of their teaching techniques compared to their initial assessment of their teaching strategies (Sprinthall & Blum, 1980).

• High school female tutors were compared to a control group (teacher aides with no training in tutoring and helping). The control group showed no significant behavioral changes. This indicates that volunteer helping by itself without weekly seminars for skill development, relationship strategies, and reflection does not produce positive change (Sprinthall, Gerler, & Hull, 1992).

• Emotional growth can be promoted through appropriate peer tutor training and experience as a tutor at the elementary level (Foster, 1991).

• With well-defined training, peer helpers can learn lifelong skills. Once peer helpers learn to teach and model positive health behaviors, they may continue beyond the program and generalize what they learned to new situations (Finn, 1981).

...those young people who benefit most from peer education are the peer educators themselves, possibly because they receive more intensive exposure to the issues than the people they serve (Dryfoos, 1990).

...adolescents need a skilled leader, competent in group processes who can enhance the interactional process and simultaneously focus and direct the group (Tobler, 1992).

WHY ARE PEER-HELPING PROGRAMS AN EFFECTIVE PREVENTION STRATEGY?

• Tobler's meta-analysis of 143 studies found that unlike drug abuse prevention programs that primarily emphasized knowledge about drugs or personal growth, peer programs were found to show a definite superiority in effectiveness and were especially useful with school-based populations (Tobler, 1986).

...peer programs, even at the lowest level of intensity, are dramatically more effective in decreasing drug use than all the other programs, (Tobler, 1986).

• Benard's survey of literature concluded that there is no better way to ensure that prevention is *empowerment* than to make participation meaningful and for responsibility to be the major approach in prevention programs for children and youth (Benard, 1988).

• The Search Institute indicated that youth (grades 6-12) who engaged in projects and programs to help others on a weekly basis were less likely to report at-risk behaviors (Benson, 1990).

• A 1995 study of runaway/homeless youths (R/HY) indicated that they were at a greater risk of drug use and abuse. Using a peer-led drug abuse prevention program targeted at R/HY, appeared to produce a positive effect (Fors & Jarvis, 1995).

• Those in a peer-led condition gained "more knowledge, acquired better attitudes, and reported fewer friends drinking at post-test" than those in a teacher-led condition. (Perry, 1989).

• Peer leaders offer several benefits including an enhanced ability to model appropriate behaviors outside the classroom and greater social credibility among students (Doi & DiLorenzo, 1993; Katz, Robishch, & Telch, 1989).

• Adding a well-designed peer or cross-age teaching component to an elementary or secondary school program has the potential for significantly augmenting the schools capability to promote academic achievement and interpersonal growth (Hedin, 1987).

• Cost savings are a central feature of peer programs because direct services are provided by peers rather than paid professionals (Black & Scott, 1996).

• Peer opinion leaders are a logical element of prevention programs based on existing knowledge about the nature of peer influence (Hansen, 1988; 1996; Beauvais & Oetting, 1986). Peer programs can help establish and enforce conventional norms about drug and alcohol use (Hansen & Graham, 1991).

• A meta-analysis of 120 studies showed that Interactive (peer-led) programs conducted with children in grades 7-9 were significantly better than Non-Interactive (teacher-led) programs in preventing drug (i.e., tobacco, alcohol, cannabis, and other illicit substances) use. Interactive programs were significantly in reduced drug use in comparison to other programs in which subjects received a bonafide, full-fledged treatment as opposed to a no-treatment or control group. Clinically, the difference of 8.5% change between the Interactive and No-Interactive programs is important especially when compared to the use of medicine such as aspirin to treat coronary heart disease. The risk reduction was only 3.5% for aspirin, but the authors concluded that it was unethical not to offer aspirin to the control group. Accordingly, it would seem that peer-led programs for drug reduction or prevention ought to be universally applied (Black, Tobler, & Sciacca, 1998a, 1998b; Tobler & Stratton, 1997a, 1997b).

...peers are just as effective leaders as those with more education such as teachers and clinicians. Even though the same benefits can be achieved with peer helpers, all leaders, regardless of educational level, need to be trained to be effective facilitators and peer helpers (Black et al., 1998a, 1998b; Tobler & Stratton, 1997a, 1997b).

...interventions that follow the *Programmatic Standards* published by the National Peer Helpers Association (1990) which are divided into 3 major areas (Program Start-up, Program Implementation, and Program Maintenance) show superior effective sizes (Black et al., 1998a, 1998b).

HOW DO PEER HELPERS HELP?

Cross Cultural

• Peer-led refusal and resistance skills for children and adolescents appear to be highly effective across cultural contexts and settings and appear more efficacious than teacher-led refusal and resistance skills (Perry, 1989).

• Evaluations of peer-tutoring, cooperative learning, and peer-initiation programs consistently identify significant increases in social interactions, acceptance, and liking between heterogeneous peers, especially among those youngsters who are physically and or mentally handicapped or socially withdrawn, and non-handicapped peers and between white and non-white peers (Johnson & Johnson, 1986; Maheady, Harper, & Sacca, 1988; Mesch et al., 1986; Rooney-Rebeck & Jason, 1986; Slavin & Oickie, 1981; Steinbauer, 1998; Strain, 1985).

• International university students (Chinese, Indian, Korean, Taiwanese, and Others) primarily choose "informal" peer education to deal with culture shock by selecting other international students from their own country, from another foreign country, or American students for support and friendship (Newton & Seehafer, 1996).

Smoking

• Peer educators were effective in teaching junior high school students skills to resist peer pressure to smoke (Clark, MacPherson, Homes, & Jones, 1986).

• A 3-year study documented the amount of cigarette smoking among 1,081 7th graders in 3 different schools. School 1 received no special smoking prevention curriculum. School 2 received a smoking prevention curriculum taught by adult teachers. School 3 received the smoking curriculum taught by like-aged student peers. The education program taught exclusively by adults was found to be effective during the 1st year; however, by the end of the 2nd year, smoking rates were as high as those in the school receiving no intervention. In School 3, where peer educators were involved in the teaching, lower smoking rates prevailed over the entire 3-year study period (Leupker, Johnson, Murray, & Pechacek, 1983).

Alcohol, Tobacco, and other drugs

• Peer leadership approaches have been found to have positive effects in reducing and preventing tobacco use among youth. The existing evidence justifies further support of appropriately structured adolescent peer helping programs (Sciacca & Vallenari, 1997).

• Students in peer-led programs reported significantly less alcohol use than did students in the teacher-led programs or the control groups independent of whether they were drinkers or non-drinkers at baseline (Perry, 1989).

• Substantially lower smoking, alcohol, and marijuana use rates occurred following the intervention for the peer education group as compared to both the teacher-led and no-treatment groups (Botvin, Baker, Renick, Filazzaol, & Botvin, 1984).

Violence Prevention through Conflict Mediation

• When students used a peer mediation process to solve conflicts, they scored higher on the *Piers Harris Children's Self Concept Scale* and the *Brown and Hammill Behavior Rating Profile for Students* than those students using non-peer mediation (Anticoli, 1997).

- Peer mediation "even at the elementary school level" is a "powerful, cost-effective process that leaves participants feeling satisfied and respected while resolving conflicts (Angaran & Beckwith, 1999)."

- In a study of a peer mediation program at a Florida high school, results showed that there was a decline in the rate of 3 disciplinary incidents measured: attempting to fight, fighting, and striking another students (Davenport, 1997).

- Peer programs modified youths' self-reported attitudes about violent behavior, improved school discipline, and reduced absenteeism (Powell, Muir-McClain, & Halasyamani, 1996).

Interactive programs are the best for drug prevention and peer helpers should receive extensive training in group dynamics if they are to lead groups (Tobler, 1995).

Mentoring Peer Athletes

- Peer tutoring could improve the learning process of college student athletes (Levine, 1994). A Peer Athlete Team Helpers program was effective in North Carolina (Berdiansky, Johnson, McKinney, Pettyjohn, & Tucker, 1995).

Health Education

- A peer program encouraged positive change in eating disorder clients (Lenihan & Kirk, 1990). Peer programs have worked to reduce student over-eating (Foster, Thomas, & Brownell, 1985).

- Structured school peer health education programs can foster desirable learning and promote behavioral change (Sciacca & Appleton, 1996).

- Prevention of date rape is possible through peer education (Holcomb & Seehafer, 1995).

- Informational and persuasive discussions led by trained peer leaders increased health knowledge, attitudes, and behaviors among men in college dormitories. Results showed that students exposed to the intervention (as opposed to those who were not) were significantly more likely to engage in

conversations about safer sex, understood that monogamy alone would not protect them from sexually transmitted diseases, reported an intention to use condoms when drinking alcohol and having sex, and realized that sexual activity without engaging in intercourse was a much safer choice (Grossberg, Tiloston, Roberts, Roach, & Brault, 1993). Another study with university students showed similar results in immediate improvement in knowledge, attitudes, and sex-related behavioral intentions (Shulkin et al., 1991).

HIV/AIDS Education

- HIV/AIDS programs students who attended APEP (an Aids Peer Education Program) were more likely to report behavioral changes (e.g., use of condoms at the end of the school year) than those who did not attend. This group also reported that they were more likely to adopt risk-reducing behaviors (Richie & Getty, 1994).

- Peer helpers serve as behavior change agents for Incarcerated Adolescents for HIV/AIDS prevention (Horan & Barthlow, 1995).

- Evaluation of a peer-led STD/HIV intervention for students in a dropout prevention program concluded that the program was effective in promoting open discussion of STD/HIV and strategies for preventing these diseases. The peer educators also established a positive schoolwide norm for changing risk behavior to protective behavior for STD/HIV (O'Hara, Messick, Fichtner, & Parris, 1996).

Community and Family

- Tobler conducted a meta-analysis of 120 adolescent drug prevention programs and found that Interactive (peer) programs were more successful at reducing drug use than were comparison groups having no program or having standard health curriculum. She also found that the peer programs were twice as effective with community support (Tobler, 1992, 1993).

- Parents who attended parent study groups led by either counselors or counselor-trained parents

differed significantly in general attitudes toward their children from parents who did not attend. There was no difference in the counselor or counselor-trained groups (Lee & Workman, 1992).

• High school students working with middle school students improved on locus of control and on measures of ego/self-development. The high school leaders also improved on indices of psychological maturity and leadership skills (Sprinthall, Hall, & Gerler, 1992).

• Peer helping has shown to be effective in developing a more effective community both in schools and agencies with community support (Tindall, 1995).

Tutoring

• In 45-52 achievement studies, tutored students scored higher on examination performance than those in conventional classes (Cohen & Kulik, 1981).

• With a trained tutor, 98% of the students academically out-performed those who were taught in conventional classrooms (Bloom, 1984).

• High school tutored elementary girls (tutees) and the tutors gained in 2 ways: academic achievement (11 points on a standardized achievement test) and in self-concept. The tutees were more often attributed success in math to their own efforts their improved self-efficacy. The high school females demonstrated development of leadership skills by increasing their level of conceptual complexity and their perspective-taking ability. These girls improved both cognitively and affectively (Sprinthall, Gerler, & Hall, 1992).

Peer Ministry

• Peer helping was helpful in the faith community (Varenhorst, 1995).

• Peer ministry continues to be a strong tool for helping youth workers develop the same attitudes, values, behaviors, and mind-set as the Bible teaches (Griner, 1997).

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